

CLAIREMONT THE

2120 HEIGHTS DRIVE

EAU CLAIRE 54701 Phone: (715) 832-1681

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 160

Total Licensed Bed Capacity (12/31/01): 199

Number of Residents on 12/31/01: 147

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 145

Limited Liability Company

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.2
Supp. Home Care-Personal Care	No					1 - 4 Years		39.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	9.5	More Than 4 Years		18.4
Day Services	No	Mental Illness (Org./Psy)	33.3	65 - 74	8.2			-----
Respite Care	No	Mental Illness (Other)	4.1	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	10.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.6	65 & Over	90.5	-----		
Transportation	No	Cerebrovascular	12.2		-----	RNs		14.0
Referral Service	No	Diabetes	0.7	Sex	%	LPNs		8.2
Other Services	No	Respiratory	5.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.7	Male	20.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	2	2.2	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Skilled Care	22	100.0	280	72	80.0	104	0	0.0	0	35	100.0	138	0	0.0	0	0	0.0	0	129	87.8
Intermediate	---	---	---	15	16.7	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	10.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.1	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		90	100.0		0	0.0		35	100.0		0	0.0		0	0.0		147	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.7	68.7	30.6	147
Other Nursing Homes	1.9	Dressing	11.6	70.7	17.7	147
Acute Care Hospitals	88.2	Transferring	28.6	55.1	16.3	147
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	22.4	55.1	22.4	147
Rehabilitation Hospitals	0.0	Eating	44.2	42.9	12.9	147
Other Locations	3.1	*****				
Total Number of Admissions	323	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.2	Receiving Respiratory Care		7.5
Private Home/No Home Health	23.4	Occ/Freq. Incontinent of Bladder	51.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	32.4	Occ/Freq. Incontinent of Bowel	29.3	Receiving Suctioning		0.7
Other Nursing Homes	4.8			Receiving Ostomy Care		2.7
Acute Care Hospitals	7.7	Mobility		Receiving Tube Feeding		1.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	10.2	Receiving Mechanically Altered Diets		37.4
Rehabilitation Hospitals	0.0					
Other Locations	10.9	Skin Care		Other Resident Characteristics		
Deaths	20.8	With Pressure Sores	4.1	Have Advance Directives		79.6
Total Number of Discharges		With Rashes	4.8	Medications		
(Including Deaths)	312			Receiving Psychoactive Drugs		57.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 100- 199 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	72.9	82.7	0.88	83.8	0.87	84.3	0.86	84.6	0.86
Current Residents from In-County	87.1	82.1	1.06	84.9	1.03	82.7	1.05	77.0	1.13
Admissions from In-County, Still Residing	17.0	18.6	0.91	21.5	0.79	21.6	0.79	20.8	0.82
Admissions/Average Daily Census	222.8	178.7	1.25	155.8	1.43	137.9	1.62	128.9	1.73
Discharges/Average Daily Census	215.2	179.9	1.20	156.2	1.38	139.0	1.55	130.0	1.65
Discharges To Private Residence/Average Daily Census	120.0	76.7	1.56	61.3	1.96	55.2	2.17	52.8	2.27
Residents Receiving Skilled Care	89.1	93.6	0.95	93.3	0.95	91.8	0.97	85.3	1.04
Residents Aged 65 and Older	90.5	93.4	0.97	92.7	0.98	92.5	0.98	87.5	1.03
Title 19 (Medicaid) Funded Residents	61.2	63.4	0.97	64.8	0.94	64.3	0.95	68.7	0.89
Private Pay Funded Residents	23.8	23.0	1.03	23.3	1.02	25.6	0.93	22.0	1.08
Developmentally Disabled Residents	1.4	0.7	1.94	0.9	1.55	1.2	1.16	7.6	0.18
Mentally Ill Residents	37.4	30.1	1.24	37.7	0.99	37.4	1.00	33.8	1.11
General Medical Service Residents	19.7	23.3	0.85	21.3	0.93	21.2	0.93	19.4	1.02
Impaired ADL (Mean)	49.5	48.6	1.02	49.6	1.00	49.6	1.00	49.3	1.01
Psychological Problems	57.1	50.3	1.14	53.5	1.07	54.1	1.06	51.9	1.10
Nursing Care Required (Mean)	7.3	6.2	1.18	6.5	1.13	6.5	1.12	7.3	1.00